

**QUESTION AND ANSWER
TRANSITION FROM CBS TO CAP-MR/DD
MARCH 13, 2006**

| TOPIC | QUESTION | RESPONSE |
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| Transition from CBS to CAP/Waiver Allocations | When and how will new CAP slots be allocated? | CMS has approved the request to serve an additional 2000 individuals on the CAP-MR/DD waiver. New allocations to support the transition of individuals currently receiving CBS funded through Medicaid, and potentially meeting the ICF-MR level of care, were provided 2-14-06. |
| Transition from CBS to CAP-MR/DD Waiver | Will the LMEs be placing individuals onto CAP first come first serve or will they be waiting for a certain number of packets or a certain date before beginning to place individuals onto the waiver? | The Feb. 2 Implementation Update Memo provides explicit direction in regard to bringing individuals who are Medicaid eligible, currently receiving CBS and potentially ICF-MR level of care into the waiver. These individuals are priority and the expectation is that MR2 packets should be submitted to the appropriate developmental center in order to ensure no lapse in service. |
| Transition/Medicaid Personal Care Services | For those who will receive PCS services through home health care can they receive Targeted Case Management Services? | If the individual falls within the DD target population, case management may be appropriate in order to locate, obtain, and coordinate other services and supports. |
| Transition/Determination of ICF-MR Level of Care | Can the LME determine ICF/MR eligibility before the regional center (i.e. J.I. Riddle)? | The developmental center clinical staff will make final determination of ICF-MR level of care; the LME can only make a determination of potential eligibility based on information provided and then submit that information to the developmental center. If the LME has inadequate information (lack of a valid psychological evaluation addressing the person's cognitive and adaptive functioning) the case manager should be contacted to provide that information. However, if the valid psychological is present but the LME questions eligibility, it should be submitted with the packet to the developmental center for determination of ICF-MR level of care. |

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| Transition/Residential Supports | <p>We have several consumers living in a residential setting receiving CBS services in the community.</p> <p>HCS can be used to support those consumers who choose to engage in community activities that are not provided through a licensed day program. Other community activities to increase community participation, and the demonstration of appropriate social skills are the responsibility of the Residential Support Provider.</p> <p>It appears that in these cases residential support should be used to meet the needs. Residential Support is a daily service with the hours provided as needed.</p> <p>This may very well present a problem because CBS will be eliminated, and replaced with a daily service.</p> <p>How do you suggest that this be handled? In this case should the medicaid appeals process be followed?</p> | <p>Individuals on the waiver living in licensed residential settings or unlicensed AFLs, must use Residential Supports to meet their residential needs, etc. They may also use HCS or Day Supports to meet their day programming needs. So, if you have an individual receiving CBS and moving to the waiver, then you will need to crosswalk them to the most appropriate mix of services, which in this case would be a combination of Residential Supports and Day Supports or HCS.</p> |
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| Transition/Strategies | What other areas can folks who are not CAP/MR-DD eligible (ie: individuals with severe to profound MR) access? Routine PCS has also become more strict and they (DMA reps) have actually said in meetings that they are targeting/auditing cases for folks who are DD. How can we help our folks? | During this transition time, it is critical that the five strategies to address the needs of Medicaid-eligible consumers with DD receiving CBS be used to determine the appropriate services for these individuals. For individuals who are not eligible for the CAP-MR/DD waiver receiving CBS to address a mental health, substance abuse, or behavioral issue will be cross walked to Community Support. Non-CAP eligible individuals who are receiving CBS for a issue related to DD only will be referred to a home care/home health agency for assessment for PC. If that does not fully meet their need then state funded Developmental Therapy may be authorized according to authorization guidelines posted to the Division website. |
| Transition from CBS to CAP/Residential Supports | We have an adult female in a group home with a provider that is not endorsed to do CAP services at this time. This client is a candidate for CAP funding and we don't want to disrupt the residential placement but since the provider does not provide CAP services at this time, what are the options? | Residential Supports must to be provided by a licensed residential provider. During this transition period the primary outcome is that individuals not lose services. Therefore, during this emergency time only, Home and Community Supports (HCS) may be provided in the residential setting by an enrolled CAP provider until the residential provider is enrolled to provide Residential Supports. The residential provider will have until 6/20/06 to enroll to provide the service. This allowance of HCS in a licensed residential setting is ONLY for this transition period. |
| Transition from CBS to CAP/Plan of Care and local approval | Will full person centered Plans of Care submitted by July 20 be considered an initial plan? | Full person centered Plans of Care must be submitted to the LME by July 20 to receive a review. Please remember that during this transition time that a full person centered Plan of Care should not be completed, but only an abbreviated plan for just the service, or services, that will most closely replace CBS services currently being received by the consumer. -Abbreviated plans should be dated for a year, 3/20/06-3/19/07 and not just through July 20, 2006. -The second submission by July 20 will not be considered another initial plan but basically a revision with all required components of the Plan completed, including natural and |

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| | | community supports, and any new services added. -Signatures would be required. |
| Transition/Developmental Therapy | What will be the rate for State funded Developmental Therapy? | Developmental Therapy rates will be posted with the updated IPRS service array shortly. |
| Transition/Developmental Therapy | Has it been determined if Developmental Therapies will be allowed in school? | Developmental Therapy cannot be delivered to individuals on the CAP-MR/DD waiver, or to those individuals transitioning to the CAP waiver, or to individuals receiving Community Support. For individuals not on the waiver and not transitioning to the waiver or Community Supports, this service may be provided in the school setting through the end of the 2005-2006 school year ending in June. |

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| Transition/Developmental Therapy | Does a service order signed by a MD, etc. have to be signed for Developmental Therapies as CBS did? If so, does the current order (for CBS) crosswalk to Developmental Therapies as it would if they were going to Community Supports? | No. Service orders for Developmental Therapy may be signed by a Qualified Professional in developmental disabilities. Authorization for this service should be based on the utilization review guidelines for Developmental Therapy and the transitional service authorization process outlined in Enhanced Services Implementation Update #4. If an individual has been determined to need Developmental Therapy based on the Feb. 2 memo, then if the transition from CBS to Developmental Therapy does not exceed utilization review guidelines provided then a new order would not be required. If however the amount of Developmental Therapy exceeds the utilization review guidelines, justification must be provided and a new order written and signed by a QP. |
| Transition/Developmental Therapy | Is a full person centered plan required to be completed for individuals transitioning from CBS to Developmental Therapy? | No. As noted in the Jan. 19 Services Implementation memo, if the service a person will receive at implementation crosswalks to the services they currently receive and the authorized number of units is unchanged, the clinician may just note the change in the treatment plan and sign and date the plan. |
| Transition/Developmental Therapy | In the Developmental Therapy (DT) definition, (attached to a 2/23/06 memo), Staffing Requirements state that "Persons who meet the requirements specified for QP or AP status and who have the knowledge, skills and abilities required by the population and age to be served may deliver DT." Under Service | This is not a contradiction. There is a professional level and Para professional level of Developmental Therapy. If professional level is provided, it must be provided by a Qualified Professional in developmental disabilities. |

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| | Type/Setting, it states "Professional level services must be provided by a QP." Is this a contradiction? Please clarify. | |
| CAP-MR/DD Waiver/Developmental Day | Can you provide CAP services in a developmental day setting? | CAP services may be provided in a developmental day setting by a licensed developmental day program enrolled to provide Day Supports under the waiver. Developmental day is billed as Day Supports under the waiver. |
| CAP-MR/DD Waiver/Targeted Case Management | Do the case managers have to have a Master's degree? I have been told that yes they do and then have been told that only local approvers for CAP have to have their Master's. If you have to have a Master's degree, can people be grandfathered in? What would be the time frame for someone to obtain their Masters? | See January 12, 2006 Q & A: Targeted Case Management for Individuals with DD. The staffing requirements for this service definition are clearly outlined there. |

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| Personal Care Services/Home and Community Supports | <p>If a Consumer needs Home and Community Supports (HCS) and Personal Care (PC) how is that to be blended? What if they need PC in the morning and in the evening, but HCS during the day? Can it be worked intermittently like this or does it have to be worked in one large block of time for each service?</p> | <p>How much and when Personal Care is provided versus Home and Community Supports is based on individual need and the person centered plan. It should be noted however, that HCS provides not only habilitation but training and instruction coupled with elements of support, supervision and engaging participation, therefore, it is important to thoroughly assess the needs of the individual to determine the appropriate mix of PCS and HCS to truly meet the need. There is no requirement that all PCS be provided in one block of time.</p> |
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